

**PRODUCER WITH SURPLUS LINES AUTHORITY
REPORT OF BUSINESS FOR MONTH OF _____, YEAR _____
Pursuant to Title 24-A M.R.S.A. § 2005 & 2016**

Policy Number	Effective Date/ Expiration Date	Name & Address of Insuring Company	Name & Address of Insured Risk	Specific Line of Insurance	Policy Limits	Original Premium Charged	Return of Premium	Date of Cancellation

**DO NOT SEND THIS FORM TO THE BUREAU.
MAINTAIN RECORDS IN YOUR MAINE OFFICE.**

Column Totals \$ _____ \$- _____
 Prem. Charged \$ _____
 Less Return \$ _____
 Taxable Total \$ _____
 3% Tax Total \$ _____

_____ License Number _____
 Producer with Surplus Lines Authority Signature **(Required by law)**

Form: SL-M

December 23, 1999